

Form approved  
Office of Management  
and Budget  
No 1215 0188  
Expires 11 30 2006

For Official Use Only

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

**E**

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

**Signature**

**Signed**

My Frazier

On

8/15/2005

Date \_\_\_\_\_

505 262 1986

Telephone Number

Name of Person Filing Greg Frazier

File Number U 36220

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Desert States Empls UFCW Pension Fund

Trade Name if any

P O Box Bldg Room No if any

Street 2400 W Dunlap Ave Ste 250

City Phoenix

State Arizona ZIP Code + 4 85021

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Desert States Empls UFCW Pension Plan

Trade Name if any

P O Box Bldg Room No if any

Street 2400 W Dunlap Ave Ste 250

City Phoenix

State Arizona ZIP Code + 4 85021

## 11 a Nature of such dealing

Reimbursement for travel expenses incurred attending trustee meetings in Scottsdale and Tucson Arizona as Union Trustee on 3/23/04 and 10/19/04 Costs include reimbursement for airline travel rental car meals and hotel

## 11 b Approximate dollar value of such dealing

\$1 426

## 12 a Nature of interest held or income received

## 12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Southwest Services Administrators

Trade Name if any

P O Box Bldg Room No if any

Street 4775 Indian School Rd NE Ste 105

City Albuquerque

State New Mexico ZIP Code + 4 87110

## 14 a Nature of payment

Christmas Gift

13 b Is the Business an Employer ☐ or Consultant ☒ ?

## 14 b Amount of payment

\$42

Name of Person Filing **Greg Frazier**File Number **U 36220****Part B Continuation Page**

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**8 Name and address of Business (including trade name if any)**Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 **9 Business deals with**☐ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 **11 a Nature of such dealing****11 b Approximate dollar value of such dealing** **12 a Nature of interest held or income received****12 b Amount**